## CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges.	See Invoice for actual schedule and charges.							
I, AxMedia	, hereby request station time as follows:							
IDENTIFY CANDIDATE TYPE	RAL CANDIDATE							
STATI	E OR LOCAL CANDIDATE							
ALL QUESTIONS/BLOCK	S MUST BE COMPLETED							
Candidate name:								
Jim Pillen								
Authorized committee:								
Jim Pillen for Governor								
Agency requesting time (and contact information):								
N/A AxMedia								
Candidate's political party:								
Republican								
Office sought (no acronyms or abbreviations):								
Governor of Nebraska								
Date of election:	General Primary							
May 10th, 2022								
Treasurer of candidate's authorized committee:								
Sarah Pillen								
The undersigned represents that:								
(1) the payment for the broadcast time requested has been fur	nished by (check one box below):							
the candidate listed above who is a legally qualified candidate, or								
the authorized committee of the legally qualified candi	date listed above;							
(2) this station is authorized to announce the time as paid for by such person or entity; and								
(3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion								
and other sales practices.								
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY								
IN THE PLACEMENT OF ADVERTISING.								
Candidate/Committee/Agency	Station Representative							
Signature:	Signature:							
TAGLORFORNAC	Camartha Lurlart							
Name: Taylor Fernie	Name: Samantha Lunkwitz							
Date of Request to Purchase Ad Time: 3/25/2022	Date of Station Agreement to Sell Time: 3102100							

Federal Candidate Certification:  The undersigned hereby certifies that the broadcast matter to be aired pursuant to this disclosure either (1) does not refer to an opposing candidate or, if it does, (2) contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast and that the candidate and/or the candidate's authorized committee paid for the broadcast or if radio programming, contains a personal audio statement by the candidate that identifies the candidate, the office being sought and that the candidate has approved the broadcast.										
Candidate/Authorized Committee/	Agency									
Signature:										
Name										
Name:										
Date:										
TO	TO BE COMPLETED BY STATION ONLY									
Ad submitted to Station? Yes No										
Date ad received: 3 24 22	,									
Federal candidate certification signed (ab	pove): Yes No	N/A								
Disposition:										
Accepted										
	not yet received to determine sponsor ID	)*								
Rejected – provide reason (optio	nal):									
*I loload partially accounted form than pro										
——————————————————————————————————————	omptly upload updated final form when co	ompiete.								
Date and nature of follow-ups, if any (e.g.	., insufficient sponsor ID tag):									
Contract #: 81019	Station Call Letters:	Date Received/Requested:								
Est. #: 3240	Station Location:	Run Startiand End Dates:								
Upload order, this form and invoice (or traffic system print-out) or other documents reflecting this transaction to the OPIF or use this space to document schedule of time purchased, when spots actually aired, the rates charged and the classes of time purchased or attach separately. If station will not upload the actual times spots aired until an invoice is generated, the name of a contact person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in the OPIF.										
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## **Sales Order**

	Station: KODY-AM												Agency: AXMEDIA							
Con	tract Name:	324	Spill	en								Ad	ddres	ss:	800	) W. 47	th St. S	TE 200		
Con	tract#:									810	)19	Ci	ity:		Kar	nsas Ci	ty	State: MO		
Star	t Date:	3/28/2	2		End Date	:			4	/01	/22								Zip:	64112
Rev	enue Type:	Regi	ona	l Politica	<u> </u>			Гур	e:	Ca	ash									
Advertiser: Jim Pillen for Governor											Tax Schedule: (None									
													genc	y Commiss						
City					State:	Zip:						Bi	lling	Cycle:	Sta					
																	Comm %:			
		3246																		
Con	petitive Cod	de: Po	olitic	al.																
No	DAT	ES	Alt	TIM	IES	LEN				DISTRI		BUTI	ION				ТС	TALS	PTY	
	START	END	wks	START	END			Г	W	Т	F	SA	SU			RATE	SPOTS	\$\$		
1 2	3/28/22	4/01/22		6:00 AM 10:00 AM	10:00 AM 3:00 PM	60 60		X X	X	X	X			10	W	13.00	10	130.00	2	
3	3/28/22	4/01/22		3:00 PM	7:00 PM	60	_	×	<u>х</u>	<u>х</u>	X			10	W	13.00 13.00	10 10	130.00	2	
																		ACCESSOR		
Billi	ng Projecti	ons: By M		4or 22	A 22															
		CA		1ar 22 12.00	Apr 22 78.00															
		ST	3	0.00	390.00															
V	Print Spot	Prices												TOTAL S	POTS	3				30
							or for one							GROSS T	OTAI					
														ADJUSTE	ED SP	0.00				20
									ADJUSTED TOTAL \$											
		2.000.2.000 ( 2.00.2.000 ( 0.000 ( 0.000																		
														APPROVI	E	DECLINE				
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														$\bigcirc$		$\bigcirc$	Sales Ma	-		
								3.5						$\overset{\circ}{\otimes}$		$\bigcirc$		03/25/22 @9:	53AM	
														$\bigcirc$		$\overline{\bigcirc}$				